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ABSTRACT

The principles of action research were used to identify the reasons for substandard patient care in two long-term care facilities in Quebec; then, a 20-hour inservice education course for nurse managers at the facilities was developed, presented, and evaluated. Fifteen nurse managers (1 director of nursing, 12 health care managers, and 2 nurse clinicians) who volunteered for the study completed a learning needs assessment to identify their work-related values and gaps in their managerial and clinical expertise and self-efficacy. The nurses then participated in 10 2-hour training sessions that were designed on the basis of the needs assessment and ongoing discussions. At the end of the 10-week course, participants completed 2-hour written evaluations. One month later, they participated in a learning circle and responded to trigger questions to validate the evaluation findings. The course was credited with effecting changes in the participants' values and behaviors that in turn resulted in improved practice on the part of personnel in their units. (Contains 21 references. Appended are the student information forms, questionnaires, supervisor nurse rating forms, and follow-up questionnaires used in the study along with French translations of a nurse rating sheet and the study conclusions.) (MN)

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Running head: RE-EDUCATION OF NURSE MANAGERS

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Educational Intervention For Nurse Managers In A Situation Of Need For Rapid Change

Susan Davies
McGill University

Paper presented at the Annual Meeting of the
American Educational Research Association
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Abstract

Care of chronically ill institutionalized patients requires sensitivity, respect and competence. And supervision of health care personnel necessitates use of management skills. Using the principles of action research, this study started with the problem of substandard patient care in two long-term care facilities. Participants were health care managers of two hospitals that had recently been merged. The study identified work-related values of the participants and gaps in their managerial and clinical expertise, and provided 20 hours of education planned to increase social support and managerial competence. Results included conceptual changes that affected values and behaviors of the participants, and improved practice by the personnel on their units. Theoretical explanations for these changes are discussed.

Educational Intervention For Nurse Managers
In A Situation Of Need For Rapid Change

Learning by, and education of, professionals is a lifelong necessity, and continuing education becomes increasingly important in present times. Proliferation of knowledge, rapid change, social and political forces affecting professionals and their roles, and increasing demands for professional accountability require ongoing education and re-education. Consequently, continuing professional education (CPE) has been well discussed and researched. It has been the area of Adult Education that has experienced the most rapid growth in the past twenty-five years. Indeed, it has been suggested that in many instances CPE has been at the growing and innovative frontier of methodologies in Adult Education (Selman & Dampier, 1991, pp. 277-8).

The professions serve society's need for health, education, justice, management, and social welfare. Professional development begins at the university level, and is an ongoing process that continues throughout the years of one's practice (Houle, 1980). In order to provide quality service to one's clients, it appears necessary for the professional (a) to keep abreast of new knowledge in the field in order to avoid professional obsolescence, (b) to adapt to change in the ecology of work, and (c) to preserve personal well-being in order to cope with stress and avoid burnout.

The need for continuing professional education is accentuated by the present pre-service education-practice discontinuity. As the education of professionals has gradually changed from the apprenticeship model, where they learned in the arena of practice alongside more expert practitioners, to educational institutions where they are taught by academics, this gap has widened (Resnick, 1987), and new professional graduates struggle to find compatibility between their education and the nature of the work demands in contemporary practice (Cavaunagh, 1993). Some have suggested that this is because professionals are now often very focused - either as teachers/researchers, practitioners, or administrators, each with different roles, perspectives and priorities, (Cavanaugh, p 108), - and thus college students are mainly influenced by the perspective of the teacher/researcher and ill-prepared for the realities of administrative restraints or the complex practice challenges of professional working environments.

Hospital nurses have a second reason to participate in ongoing professional development. The varying levels of educational preparation, ranging from hospital diploma to Master's degree have different educational curricula: hospitals, colleges, baccalaureate and masters' programs emphasize different aspects of nursing competence, and if patients are to receive the same standard of care from all their nurses, continuing nursing education (CNE) is required to fill gaps in knowledge and expertise.

For nurse managers, there are additional challenges: as well as the need to keep abreast with clinical innovations, they are expected to have administrative and leadership skills. If any of these competencies are absent, standards of patient care can deteriorate. This study describes an educational intervention with nurse managers at a time when their hospital was being severely criticized for poor quality of patient care.

The Situation

Two Long Term Care facilities, recently merged and situated four miles apart in a large Canadian city, had grave concerns about the nursing care given to their patients. There had been recent serious complaints about care made by patients and families of both hospitals, and Quality Assurance assessment identified areas of concern. Professional inspection by the provincial licensing body led to requirements for immediate improvement of standards of practice. This study was conducted as part of a consultation, requested by the new hospital director, in the Department of Nursing after she and the Nurse Managers identified a general need for support and education. They had demonstrated the need to update their knowledge, a difficulty in meeting the expectations of a head nurse as described in the professional standards, and a general feeling of stress. Initial assessment led to the decision that the problem-solving approach would include research and a learning endeavor by the managers.

Theoretical Frameworks And Models

> *There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle than to initiate a new order of things.*
>
> Machiavelli, *The Prince* 1467-1527

Despite this well-established wisdom, a new order of things was necessary. It was initiated, and included teaching that used a range of theories developed in this century.

The principles of action research shaped the design of the study. Action research began in the 1940's (Lewin, 1946; Lewin, 1952). The process of action research is cyclical, involving a number of stages: (a) diagnosing a problem area, (b) developing a plan of action, (c) implementing the action plan, and (d) evaluating the effects so that lessons learned can be applied to the original problems. There is thus a sense of ownership amongst those engaged in the endeavor (Lewin, 1952). Requirements for successful action research include a shared and explicit set of values acting as a guide for practice, a recognition that a problem area exists, a common understanding of the problem, a perceived need for change and an assessment that the situation is amenable to

change. There is a focus on involvement and team building. An important distinction between action research and other methodologies is that it goes beyond interpretation: it aims to bring about change in practice through research. This approach seemed well suited to the issue at hand.

The philosophical framework that guided all phases of the educational episode was the progressive/reformist paradigm of Dewey. Teaching strategies were designed to enable transformative learning through reflection (Brookfield, 1987; Cranton, 1994; Mezirow, 1991; Schön, 1987). Emerging data during the study led to the use of Senge's (1990) theory of the 5 disciplines of a learning organization as a framework with which to identify problems and to change practice.

Purpose

The objectives of this study were to (a) identify the work-related values held by the participants, (b) identify gaps in managerial and clinical expertise and self-efficacy, (c) provide 20 hours of educational activities that increased social support and competence, (d) collectively evaluate results, and (e) identify further educational needs.

The goals of the educational intervention itself were twofold: to develop a team of managers that worked collaboratively to creatively solve problems, and to embark on upgrading leadership and management ability.

Method And Data Source

The voluntary participants were one Director of Nursing (DON), 12 health care managers, and two nurse clinicians. Two managers chose not to participate. Educational preparation of participants included hospital diploma (1), college diploma (2), baccalaureate degree (10) and master's degree (2). Experience in their profession ranged from five years to 31 years, with a mean of 21 years; and experience in their specific job ranged from 2 weeks to 21 years, with a mean of 7.2 years.

Initial learning needs assessment was made (a) during two days spent with the DON, using Little's Personal Project Analysis (Little, 1989) to identify actions to be taken and to establish priorities, and (b) during the first session with the managers. The initial assessment form for the managers is in Appendix A. Based on this data and ongoing discussion, 10 two- hour teaching sessions were given over a period of 10 weeks. Teaching sessions were conducted on hospital premises and during working hours, thus limiting expenses.

Values, knowledge, and concerns of the participants were measured at two points: prior to the teaching episodes, and immediately afterwards.

At the end of the 10 week course, participants completed a two-hour written evaluation (Appendix B) that requested

(a) their assessment of the level of team work
(b) examples of implementation of the skills learned in the course
(c) a repeat of their answers to their conceptualization of their role
(d) their perceived self-efficacy regarding clinical teaching and supervising of their staff.

This last section was to identify areas of clinical development that had not been addressed in the course, and would serve for future educational interventions. Responses to section (a) were tabulated. Responses to section (b) were examined for validity and tabulated. Responses to section (c) were transcribed and analyzed for categories of responses by two independent raters, and coded. The data was then examined by a third rater who categorized according to the codes. Responses to section (d) were tabulated.

At one month after the course, the participants were presented with the results of the evaluation and findings were validated. In a learning circle they then answered the trigger questions "What practices have continued since our course ended a month ago", and "What skills need more development?". Verbal notes were taken during the one hour discussion and the responses itemized and compared with the earlier responses.

Follow-up interviews with two exemplar Head Nurses 5 months after the course explored lasting changes and impact on staff development and patient care. The trigger questions for these interviews are listed in Appendix C.

The pre- and-post evaluation of the provincial Professional Inspection Committee was compared.

The Teaching Intervention

The design of the teaching sessions was developed after eliciting the learning goals of the participants, and identification of their learning styles. Introductory sessions focused on the vision of the modern-day head nurse as stated in the professional standards, reflective practice (Brookfield, 1992; Schön, 1983), collective intelligence (Avis, 1993), Mezirow's Learning Cycle (Mezirow, 1981), and situated cognition (Greeno, 1989). These became the themes of the course. At each meeting we talked about our experiences, shared reflections on thoughts, feelings and actions, examined and challenged our assumptions, and celebrated each others' successes. We discussed learning needs and worked on specific content.

The topics included in the series of sessions were the concept of support (Gottleib, 1981), situational leadership (Hersey & Blanchard, 1982), use of various power bases with which to motivate (French & Raven, 1959), learning circles, the concept of creativity and its contribution to problem-solving (Greeno, 1989), force field analysis and problem-solving (Dimock, 1981), time management, delegation, and characteristics of a learning organization (Senge, 1990). Instructional design included assigned readings, short lectures, discussion, role-playing, experiential exercises, and reflection exercises. Project-based learning was planned but not implemented due to insufficient time and energy to accommodate this over the time span of 10 weeks. It was postponed to a later date.

Findings

Little's PPA identified that for the Director of Nursing the projects that had the most meaning, the lowest self-efficacy, and caused the most stress were the provision of needed support for her Head Nurses, and recruitment of staff to fill vacant Head Nurse and Nurse Teacher positions (Appendix כ). Resources were mobilized to attend to these issues, and this lead to the teaching sessions that formed part of this study.

No participant attended all 10 sessions. Of the 13 participants who were present at the final session, all completed the questionnaire (Appendix B) regarding the topics that they had learned.

Concepts and Values. There is evidence of conceptual change in all but two of the participants over the period of 10 weeks, as illustrated in tables 1 and 2 and the associated quotations.

Table 1.
Responses to the question: What do you think are the three most important qualities of a Head Nurse?

Pre-Course	Post Course
sparse, limited	more complex
natural	learned
affective	concrete
inside out	outside in
soft	firm

Responses to the question: What do you think are the three most important qualities of a Head Nurse?, contd.

Patient, enthusiastic, good communicator

Lise: pre-course

1. Organization (good planning, active and evaluation skills)
2. Communication(listening, knowing how to explain things clearly in a simple way)
3. Competence (knowledge and experience) and flexibility

Lise: post-course

Discrete, organized, able to work alone

Grace: pre-course

1. Leadership skills
2. Good time management
3. Good relations with staff and able to delegate

Grace: post-course

Understanding of systems, beginning with families, non-judgmental objectivity, compassion

Wendy :pre-course

1. Clear and comfortable with their authority, and willing and able to support
2. Ability to be critical in a positive manner

Wendy :post-course

Table 2.
Responses to the question: What do you enjoy most about your work at present?

Pre-Course	Post Course
sparse, limited	more complex
possibilities	actualities
relationships	results
passive	active
clinician	manager

The challenge of seeing the center in the process of changing in the right direction

Lucie: pre-course

The challenge of increasing the "climat de confiance" on my unit.
To be more efficient in my work
To be more powerful and motivated
A am able to accept that I cannot do everything in the same day
Working with the support of the clinicians

Lucie: post-course

Responses to the question: What do you enjoy most about your work at present?, contd.

The challenge

Grace: pre-course

The fact that we are an organization in movement.
The fact that now we are a team and I'm proud to be a member of that team
The challenge of the changes
Now I feel more powerful
My relations with my employees are better

Grace: post-course

Consulting with professionals
Teaching family and systems theory
Individual and family intervention re adaptation to long term care

Wendy: pre-course

Collaboration with colleagues
Being respected as competent in my field of expertise
Direct intervention: analysis and evaluation of problems
Identifying effective interventions
Counseling residents and families

Wendy: post-course

Teamwork. At the end of the course, the participants were asked to assess how the objective of developing a spirit of team work had been met (Appendix B), and this question was repeated at one month and five months after the course. Figure 1 shows the rating of their feelings immediately after the course, and at one month the participants said that they continued to meet weekly, that there was a feeling of mutual support, that communication had improved and that there was a comfort in decision -making. At five months, the exemplar nurses described evolution of team building and instances of conflict in the team that had successfully been addressed.

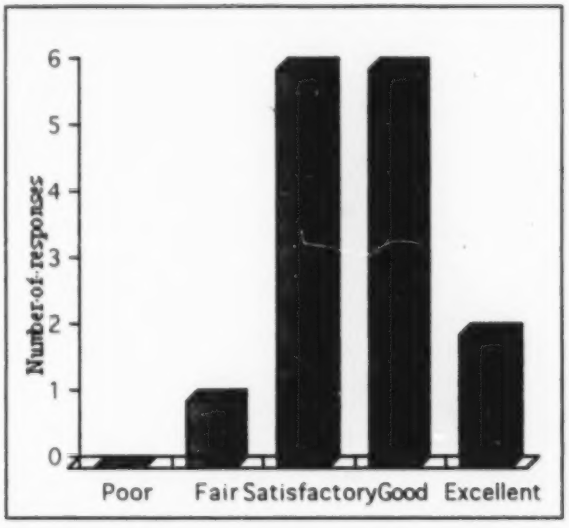

Figure 1 Perceptions of teamwork at the end of the course

Implementation of skills learned during the course. At the end of the course participants were asked to give written examples of use in their work of the skills learned from the course: operationalizing the concepts of support, situational leadership, motivation, problem-solving, delegating, time management, and use of PPA. These findings were discussed in the group one month after the course, and the questions were repeated with the exemplar nurses four months later. The responses at the end of the course are shown in Table 3. The skills of situational leadership, time management and delegation were clearly the ones most utilized by the group, and the examples given showed assertive approaches. One month later, the team identified that they were continuing to meet weekly and that the feelings of support and empowerment endured. The appreciation of having been given the opportunity to have learning sessions, where they could attend to focused reflection and development of their own skills, was reiterated. There was a sense of comfort in decision-making: "productivity is more than paper-work", and "we are feeling proud now, not shy". The participants had not yet started on their project development, and expressed a need for more teaching of

management skills, and problem-analysis and problem-solving. There was, however, a general expression of confidence, and terms used to describe their work now included "creative" and "fun" and "optimistic".

Table 3.
Examples of utilization of course content at the end of 10 week course

Content	%	n
Situational leadership	100	13
Time Management	100	9
Delegation	100	5
Support	92	13
Personal Projects	80	5
Motivation	55	9
Problem-solving	38	8

n= number of participants who attended the specific teaching session and were present at the evaluation session

After five months, the two head nurses interviewed regarding lasting changes identified the themes of supportive teamwork and situational leadership as persisting in their practice. They described an increase in trust among the people who had attended the course, and collaboration in setting objectives and helping each other obtain them. The Situational Leadership framework was being continually useful in determining what management style to use with individual employees, and they reported dramatic changes in the practice of some of their staff: "It's OK to change my style". They also reported improved working relationships with some of their staff after becoming more analytical and adaptive in their style, and saw more positive interactions between their staff and the patients. Another theme that emerged was the value they placed on their responsibility to help their staff develop their skills in long term care. They noted a shift to patient-centered (rather than routinized) care after having introduced case-discussions and role-playing at the ward level. One recent example was the respect of patients' choice regarding bedtime. It often takes about 20 minutes to settle a patient comfortably for the night, and with a large unit, this care was given in a somewhat regimented way, selected by the evening staff, where they moved methodically from room to room. When the patients were offered choices, four elected to be put to bed at the same time. The dilemma was solved by having a meeting with all four patients together and coming to a collective decision that could be accepted by everyone.

When asked a third time about the qualities of a head nurse, there was little change in their responses compared to immediately after the course, yet there was a small shift in their enjoyment in their work: the satisfaction of watching their staff grow, and of having successfully resolved problems was added to their feeling of being more in control of their unit.

Professional Inspection by the Order of Nurses of Quebec. The ultimate goal of continuing professional education in health care is the delivery of better patient care (Knox, 1990; Nolan, Owens & Nolan, 1995). The professional inspection by the licensing body of the province focuses on this outcome. Individuals and institutions are first asked to evaluate themselves, and then the inspection team visits the site and assesses the level of care given, using triangulation methods of data collection that include observation of care given, interviews, and analysis of documents. The recent inspection in the spring concluded that there had been no improvement since their last visit despite specific suggestions, and the department was now at risk of losing its status: there was a need for immediate attention to implementing measures to protect the physical and emotional well- being of the patients, and that they would return in four months. Excerpts from this report are in Appendix E. Discrepancies between the self-evaluations and results of inspection are marked. At the fall visit, the Inspection Committee stated satisfaction that nursing management and patient care were improving and that there was no further need for close surveillance on their part.

Discussion

The data illustrate that patient care had improved. Health care managers had shifted their concepts and values, became more assertive and skilled in their work, and were feeling good about the changes they were implementing in themselves and on their unit. While education demonstrably contributed to the conceptual and behavioral changes, these results are surely not due exclusively to the summer course that formed part of this study. Two theories would seem to explain the openness to learning and change: Lewin's (1952) theory of re-education that involves unfreezing of concepts and values, change, and re-freezing, and Senge's (1990) theory of the Learning Organization

The participants had experienced public criticism of the care being given in their institutions and were being given clear expectations for change along with a supportive educational structure to assist them in this challenge. This combination seemed to provide the "thaw" required for change to take place. Their conventional practices having been disconfirmed, they were open to alternative concepts and willing to try new behavior. The collective support as they tried new approaches on the ward allowed for stabilization of improved practice.

Peter Senge believes that the organizations that truly will excel in the future are those that discover how to tap people's commitment and capacity to learn at all levels in an organization (Senge, 1990, p4). He calls these "Learning Organizations", and identifies a set of five dimensions that contribute to effectiveness: mental models, personal mastery, building share vision, team learning and systems thinking. Data that emerged during the summer course seemed to fit Senge's framework, and to contribute to an explanation of the successful changes in our participants. Because of its apparent relevance, this framework was also added to the course content, and during the evaluation participants were asked to view their hospital from this perspective. They showed an emerging understanding of the model.

Mental Models are deeply ingrained assumptions, or schema, that drive our thinking and conclusions. During the course of the summer the hospital director had many meetings with all the personnel and they explored the schemas they had of patients, long-term care, and professional practice. There was evidence in our study of new models of patients as autonomous persons rather than passive recipients of care. *Personal Mastery* means a special level of proficiency. People with a high level of personal mastery are able to consistently realize the results that matter most deeply to them. Learning organizations encourage personal mastery in all their members and thus avoid burnout. As few people work to rigorously develop their own personal mastery, the organization makes efforts to enhance this development. In our study, the focus was to help participants begin to develop personal mastery in the skills of management, and there was also evidence of them beginning to help their personnel develop their own domains of mastery. *Building Shared Vision* involves translating a personal vision of the future into a shared mission of the organization that is understood and practiced by all members. Here, there was repeated evidence of the hospital director sharing her vision of quality care with all levels of employees, and of patient welfare being a central concern in decision-making. *Team Learning* involves true dialogue, rather than discussion. The emphasis is on thinking together, rather than a heaving of ideas backwards and forwards in a debating fashion. It avoids defensiveness, and is vital because teams, not individuals, are the fundamental learning unit in modern organizations. The atmosphere created in our course was conducive to team thinking, and participants contributed to each others' learning during the learning circles and problem-solving sessions. Finally, *Systems Thinking*, the Fifth Dimension of Senge's model, is the glue that holds the learning organization together. Too often individuals ignore the interrelated implications of their actions, and flounder in failure. By focusing on this aspect, participants were able to consider the impact of their decisions on the system, and also to give feedback to other departments when they became concerned that the system had not been considered when other decisions were made.

In summary, this study discerned the work-related values held by the participants, and identified a shift in beliefs, concepts and behaviors that occurred during the 20 hours of the course. At the beginning of the study, there was a clear recognition by the group that a problem existed, and a perceived need for change. This, coupled with our focus on involvement and team-building, contributed to a change in practice that is the hallmark of action research. The study took place in the context of a nursing department that had received jolting feedback regarding its practice, and this department is part of an institution that is concurrently attempting organizational change. By offering a theoretically-based educational intervention to a group of stressed and distressed adults with a wide range of experience and educational level, we were able to contribute to professional development. The mission of the organization is primarily care of long-term patients. This work is challenging, requires exceptional nursing skills, and is often under-appreciated. For the participants, managerial knowledge increased, feelings of personal well-being improved, and patient care standards on their units were raised. There is still much work to be done, and the study was tailored to the individual situation rather than being an attempt to find general patterns. It is hoped, however, that this provision of empirical evidence of a cost-effective educational intervention, in conditions that are not unique to this institution, may encourage the use of theory to inform practice in similar situations.

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Appendix A

INTRODUCTION SHEET
(condensed)

In order for me to design a course that really will help you in your work as a nurse manager, please can you complete this Introduction Sheet. This information will be shared with the group, and a written summary will be provided for you next week.

1. Name.....
2. Ward/Unit.....
3. Number of years that you have worked as Head Nurse on this unit.....
4. Why did you choose to work in your present job?

.....

.....

5. What do you think are the three most important qualities of a Head Nurse?

.....

.....

6. What do you enjoy most about your work at present?

.....

.....

7. Number of years that you have worked at xxxx..... ....
8. Highest level of nursing education obtained.....
9. Year obtained..... ...

10. What project will you be working on this summer as part of this course?

.....

.....

11. What do you think will be the barriers to your success in this project?

.....

.....

12. What do you have at present that will help in the success of your project?

.....

.....

13. What questions do you have today for Sue?

.....

.....

14. What would you most like to learn in this course?

.....

.....

.....

EVALUATION
(condensed)

The main goals of this series of sessions were twofold:

- to contribute to the development of a strong team of director, head nurses, supervisors, departmental managers reporting to the DON, and clinician teachers

  who work collaboratively
  where trust levels are high
  where communication is open
  where all members give and receive support

- to broaden knowledge of identified issues of leadership and management relevant to the work environment, and to transfer this knowledge into practice.

Please reflect on your experience during our ten week course, and answer the following questions:

1. On the following scale, please indicate your feeling about being a member of a supportive team who work collaboratively, where trust levels are high, where communication is open, and where all members give and receive support. If you rate 3 or below, please identify the barriers that you perceive that inhibit teamwork at present.

1	2	3	4	5
poor	fair	satisfactory	good	excellent

2. **Support.** Give an example (approximately 3 lines) of where you have used the concepts of support to understand or to handle a situation. The example could relate to either the giving or receiving of support. (Please indicate if you did not attend this session)

3. **Situational Leadership** Give an example (approximately 3 lines) of where you have used the framework of Situational Leadership to understand or to handle a situation. (Please indicate if you did not attend this session)

4. **Power and motivation.** Give an example (approximately 5 lines) of where you have used your knowledge of the seven bases of power to handle a situation, and describe the result. (Please indicate if you did not attend this session).

5. **Time management.** Give an example (approximately 5 lines) of where you have used what you learned about time management to increase your efficiency, and describe the result. (Please indicate if you did not attend this session).

6. **Creativity/problem solving/force field analysis.** Give an example (approximately 6 lines) of where you have used the principles of brainstorming or force field analysis to work on a problem since we did the exercise in class. (Please indicate if you did not attend this session).

7. **Delegating.** Give an example (approximately 8 lines) of a delegation situation that you have experienced since we did the Zoo exercise and discussed the topic in class. It may be a situation where you have delegated upwards, downwards or laterally, or it may be a situation where you had a task delegated to you. Name the task and describe the steps that were followed, and the outcome. (Please indicate if you did not attend this session).

8. **Personal projects.** Discuss your learning from the session on personal projects. Describe if this exercise helped you understand your own personal well-being, and if you identified any necessary changes in your personal projects (approximately 6 lines). (Please indicate if you did not attend this session)

9. **The Learning Organization.** Give your reaction to the suggestion that xxxxx Hospital has the characteristics of a Learning Organization. Whatever your impression, please give examples to support your opinion (approximately 8 lines). (Please indicate if you did not attend this session).

For Head Nurses and Nursing Supervisors

Cyril Houle identified that in order to provide quality service to one's clients it appears necessary for the professional to (a) keep abreast of new knowledge in the field in order to avoid professional obsolescence, (b) to adapt to change in the ecology of work, and (c) to preserve personal well-being in order to cope with stress and avoid burnout.

Regarding (a), we spent little time on clinical issues during our 10 sessions together. Care of long term patients is a nursing specialty that is well researched, and requires care as skilled as acute care or community nursing. Knowledgeable care by all levels of staff is required in the following areas: fluid balance, prevention of respiratory infection, nutrition, communication challenges, optimum activity, pain management (physical and emotional), elimination (prevention of constipation, management of incontinence), socialization and social skills, management of the cognitively impaired patient, management of the aggressive patient, family nursing.

One of our jobs as managers is to teach and supervise our staff - to get the job done well by others. In order to help the nurse clinicians identify learning needs and set priorities, we would like you to rate your feelings of SELF-EFFICACY in teaching and supervising your staff in these clinical areas. Self-efficacy is defined as the belief that you can execute the complex skill. Please answer the following questions by circling the categories that best describe your perceived self-efficacy in these areas.

10. In the domain of *fluid balance*, I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

11. In the domain of *prevention of respiratory infection*, I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

12. In the domain of *nutrition,* I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

13 In the domain of *communication challenges,* I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

14. In the domain of *optimum activity,* I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

15. In the domain of *pain management (physical and emotional),* I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

16. In the domain of *elimination* (prevention of constipation, management of incontinence), I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

17. In the domain of *socialization and social skills,* I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

18. In the domain of management of the *cognitively impaired patient,* I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

19. In the domain of management of the *aggressive patient,* I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

20. In the domain of *family nursing,* I think my skill in teaching and supervising my staff is:

1	2	3	4	5
poor	fair	satisfactory	good	excellent

Thank you.

REPEAT OF TWO QUESTIONS FROM INTRODUCTION SHEET

Name.....

Ward/Unit.....

1. What do you think are the three most important qualities of a Head Nurse/supervisor or Department Head? (please circle the applicable category)

2. What do you enjoy most about your work at present?

Appendix C

FOLLOW UP, JANUARY, 1996
5 months after the course

2 Exemplar Head Nurses

Name

As you look back, what remains with you as important LEARNING from our summer course?

What was helpful in the design of the course? Not helpful?

What have you introduced on your unit as a result of the course, that you feel good about?

Is there anything that you have tried to change, but have not succeeded? If so, what do you think is the barrier to the change?

What reading have you done on long-term care, nursing management, or other work-related topics since the summer?

What do you think are the most important qualities of a Head Nurse?

What do you enjoy most about your work at present?

Appendix D

Personal Projects Analysis "Lise", May 1 1995

Project	Meaning	Structure	Community	Efficacy	Stress
1 Annual Report	5	5	8	10	8
2 Support my Head Nurses	10	5	5	5	10
3. Recruit management nurses (2 clinicians, 2 HNs)	10	5	2	5	10
4. Fire one HN and one RN	10	6	5	6	8
5 Action Plan for Hosp A in response to OIIQ: deadline July	8	7	3	8	10
6 Implement Action Plan in Hosp B: deadline this summer	8	5	5	5	10
7. Implement Action plan in Hosp A: deadline this fall	8	8	3	5	10
8. Plan professionalization of all nursing practice Many clinical issues to be addressed	8	8	8	10	6
9. Plan budget	5	8	2	10	3
10. Implement QA Program	8	5	8	5	6
Mean	**8**	**6.2**	**4.9**	**6.9**	**8.1**

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Appendix E-1

BILAN DES ÉVALUATIONS
(Infirmières)

Inspection
April 22 1995.

Critères évalués	Concepts	Mode d'évaluation	Atteinte du critère			Plan d'action
			F	M	É	Priorités à retenir
1.6	Collecte des données	A-É Coll AD	X	X		
2.8	Situation problématique	A-É Coll AD		X X		
3.4	Objectifs de soins	A-É Coll AD		X X		
3.9	Interventions de soins	A-É Coll AD		X X		
4.2	Principes de communications Principes de communication	A-É Obs.clin	X	X		
4.5	Interventions en situation de crise	A-É		X		
4.10	Enseignement au bénéficiaire/famille	A-É Coll A-É	X	 X		
4.12	Participation du bénéficiaire aux soins Autonomie du bénéficiaire	A-É Coll Obs.clin	 X	X		
4.17.51	Orientation à la réalité	Obs.clin	X			
4.17.52	Prévention de l'institutionnalisation	Obs.clin	X			
4.21	Prévention des infections	A-É Coll		X		
4.22	Prévention des accidents	A-É Coll Obs.clin	 X	X		
4.24.50	Prévention des escarres	Obs.clin		X		
4.26	Interventions selon changement	A-É		X		

F: poor M: average É: above average

F : faible M : moyenne É : élevée

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A-É : Auto-évaluation des infirmières / Self evaluation of nurses
A-É Coll. : Auto-évaluation collective par unité / group
Obs. clin. : Observations cliniques / clinical observ
AD : Analyse des documents : Démarche de soins / charting in Care Notes.

Appendix E-2

BILAN DES ÉVALUATIONS
(Infirmières)

Inspection
Août 22 1995

Critères évalués	Concepts	Mode d'évaluation	Atteinte du critère			Plan d'action
			F	M	É	Priorités à retenir
4.27	Méthodes de soins	A-É Obs.clin	X	X		
4.30	Administration des médicaments	A-É Obs.clin		X X		
4.37	Préparation du bénéficiaire: examens	A-É		X		
5.3	Évaluation de l'atteinte des objectifs	A-É Coll AD	X X			
5.9	Rédaction des notes au dossier	A-É Coll AD		X X		
6.1	Continuité des soins	A-É Coll		X		
6.11	Continuité des soins	Obs.clin		X		
8.4	Fonctions indépendantes	A-É Coll		X		
8.6	Compétence à jour	A-É		X		
8.9	Respect des droits des bénéficiaires	A-É Obs.clin	X	X		
9.2	Moyens de contrôle des soins	Obs.clin	X			
9.2.50	Indices de brutalite	Obs.clin	X			
9.5	Contrôle: prévention des accidents	A-É Coll		X		
9.5.41	Signes avant-coureurs d'agressivité	Obs.clin	X			
9.5.50	Usage des contentions	Obs.clin	X			
9.6	Contrôle: prévention des infections	A-É Coll Obs.clin	X	X		

F : faible M : moyenne É : élevée

A-É : Auto-évaluation des infirmières
A-É Coll. : Auto-évaluation collective par unité
Obs. clin. : Observations cliniques
AD : Analyse des documents : Démarche de soins

Inspection
April 22 1995.

Appendix E-3

CONCLUSION

Nous constatons qu'il y a eu peu d'amélioration depuis notre dernière visite d'inspection professionnelle. Les mêmes incidents déjà cités au rapport précédent se répètent.

Dû au fait que les critères 9.2.50 et 9.5.41 (indices de brutalité et signes avant-coureurs d'agressivité ou de violence) ont été faiblement atteints, le Comité d'inspection professionnelle demande qu'un plan d'action pour atteindre ces critères soit élaboré et lui soit remis dans un délai déterminé. Le but de ceci est que la Direction des soins infirmiers et les infirmières puissent prendre immédiatement des mesures pour protéger l'intégrité physique et morale de la clientèle.

Sur réception de ce plan d'action, le Comité d'inspection professionnelle fera des recommandations quant à un deuxième plan d'action pour le maintien et l'amélioration de la compétence (PAMAC) demandé qui doit englober les autres critères qui ressortent faibles et qui méritent une attention particulière, suite à nos commentaires dans ce rapport.

Nous sommes conscientes du fait qu'avec le départ récent de quelques infirmières cadres, le mandat sera plus difficile à exécuter. Nous sommes toutefois confiantes que la volonté d'agir de la part des infirmières et de la Direction des soins infirmiers sera un facteur important aux fins de l'amélioration de leur pratique et de la qualité des soins.

There is little improvement since our last professional inspection.

Because of lack of attention to protection of patients' physical and emotional integrity, we ask for an urgent plan of action to improve. On reception of this plan we will address the other aspects of care found to be below average. We appreciate the difficulty that will be experienced due to shortage of management nurses, but are confident that, with motivation, practice and quality of care will improve.

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Abbreviated Translation: S Davies 11.3.96.